



SCHOOL YEAR 2026-2027 PREMIUM RATE CHART

Plan Year July 1, 2026 - June 30, 2027

24 Deductions Per Year

HEALTH INSURANCE - BLUE CROSS BLUE SHEILD OF MASSACHUSETTS

75% Employer Paid 25% Employee Paid

Low Deductible Health Insurance Plan \$300 Ind / \$900 Family

HMO BLUE NEW ENGLAND Group # 004071130				
Coverage Selected	Monthly Premium	District Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$1,297.88	\$973.41	\$324.47	\$162.23
Family	\$3,404.34	\$2,553.27	\$851.09	\$425.54

Low Deductible Health Insurance Plan \$300 Ind / \$900 Family

HMO BLUE SELECT Group # 004071299				
Coverage Selected	Monthly Premium	District Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$1,225.77	\$919.33	\$306.44	\$153.22
Family	\$3,215.21	\$2,411.41	\$803.80	\$401.90

Low Deductible Health Insurance Plan \$300 Ind / \$900 Family

PREFERRED PPO BLUE Group # 002379468				
Coverage Selected	Monthly Premium	District Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$1,377.05	\$1,032.79	\$344.26	\$172.13
Family	\$3,612.01	\$2,709.01	\$903.00	\$451.50

High Deductible Health Insurance Plan (HSA Qualified) \$2000 Ind / \$4000 Family

ACCESS BLUE NEW ENGLAND Group # 004071302				
Coverage Selected	Monthly Premium	District Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$1,038.30	\$778.73	\$259.58	\$129.79
Family	\$2,723.48	\$2,042.61	\$680.87	\$340.44

DENTAL - DELTA DENTAL OF MASSACHUSETTS

100% Employee Paid

DELTA DENTAL PREMIER Group # 009506-6343				
Coverage Selected	Monthly Premium	District Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$40.00		\$40.00	\$20.00
Family	\$99.00		\$99.00	\$49.50

DELTA DENTAL PPO PLUS PREMIER Group # 009506-6344				
Coverage Selected	Monthly Premium	District Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$54.00		\$54.00	\$27.00
Family	\$137.00		\$137.00	\$68.50

VISION - EYEMED

100 % Employee Paid

Group # 1022672				
Coverage Selected	Monthly Premium	District Contribution	Employee Pays	Employee Deduction per Pay
Employee Only	\$7.34		\$7.34	\$3.67
Employee + Spouse	\$13.96		\$13.96	\$6.98
Employee + Child(ren)	\$14.69		\$14.69	\$7.35
Employee + Family	\$21.60		\$21.60	\$10.80

Health Insurance: To enroll a family in North Middlesex Regional School District's sponsored health insurance, you must provide;

Social Security numbers for ALL dependents on your plan

To enroll a **spouse** you will need to provide;

1. **A copy of Page 1 of your Federal Tax Return** (1040 or 1040A) (you may black out all salary information) **AND**
2. **A photocopy of your town or city issued marriage certificate** (church or Justice of the Peace certificates are NOT accepted)

To enroll your **children** (up to age 26), you will need to provide;

1. **A photocopy of a town or city issued birth certificate** (hospital records are NOT accepted)
- OR**
2. **Court ordered documents granting guardianship OR**
3. **Court adoption papers** to enroll your children